FISTULA FIRST UPDATE

Jay Wish, MD

Nephrology Clinical Consultant

Fistula First Breakthrough Initiative

What is FFBI?

- Fistula First Breakthrough Initiative is a COALITION of stakeholders including
  - CMS (which funds the project and sets the deliverables for the FFBI contractor, ESRD Networks, and dialysis facilities)
  - ESRD Networks
  - Dialysis providers
  - The Renal Community including professionals, patients, organizations and scientists

The Mission of FFBI

- Maximize AVF placement in all suitable patients
- Minimize dialysis catheter use
- Avoid all types of vascular access complications

How is FFBI Doing?

- Completed root cause analysis of barriers to AVF placement and developed new strategic plan in 2009
- Redesigned webpage to make it more user-friendly and a complete resource to stakeholders
- Reorganized committees to increase stakeholder input and ownership

FFBI Strategic Plan

1. Nephrologist as leader
2. Leveraging partnerships
3. Modify hospital systems
4. Patient self-management
5. Promote fast-track protocols
6. Practitioner training and credentialing
7. Expand FFBI change concepts

FFBI Change Concepts

- Original 11 change concepts reviewed and re-endorsed
- Change concept 12: Modify hospital systems to detect CKD and promote AV fistula planning and placement
- Change concept 13: Support patient efforts to live the best possible quality of life through self-management

FFBI Committees

- Community Education Taskforce
  - Andrew Narva, MD
  - Joseph Vassalotti, MD
- Clinical Practice Taskforce
  - Clifford Sales, MD
  - Rebecca Schmidt, MD
- Health Policy Taskforce
  - W. Kline Bolton, MD
  - Sean Roddy, MD
- Website Taskforce
  - Lynda Ball, MSN, RN, CNN
- Data Committee
  - William McClellan, MD

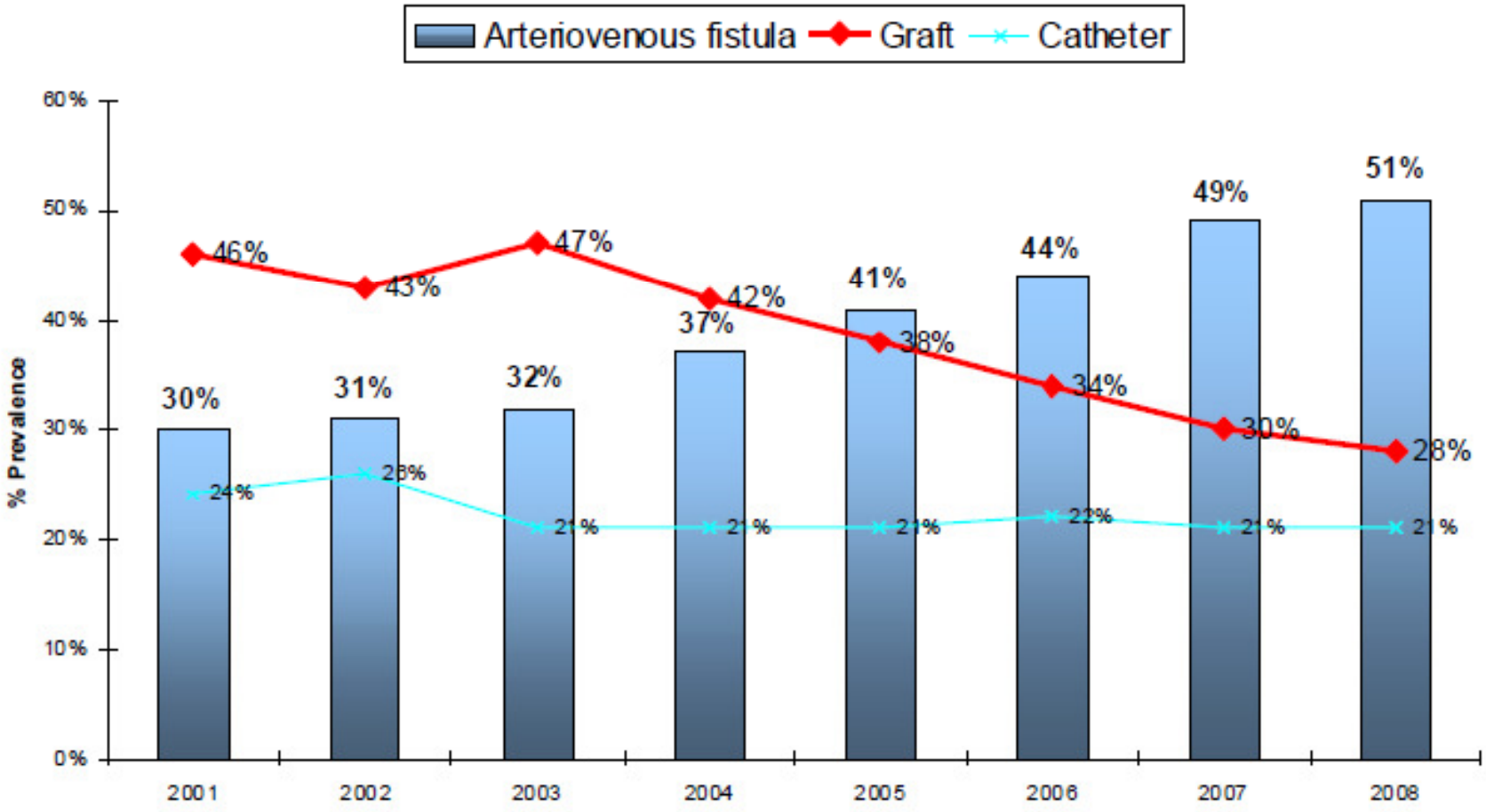
Policy Recommendations

- Pay-for-performance
- Pay for AVF placement during a hospitalization
- Access to patient-level data
  - For targeting Network QI activities
  - For research into barriers to AVF placement
  - For evidence to develop more patient-specific practice recommendations and algorithms

Fistula Myth #1: The 66% AVF goal is unrealistic

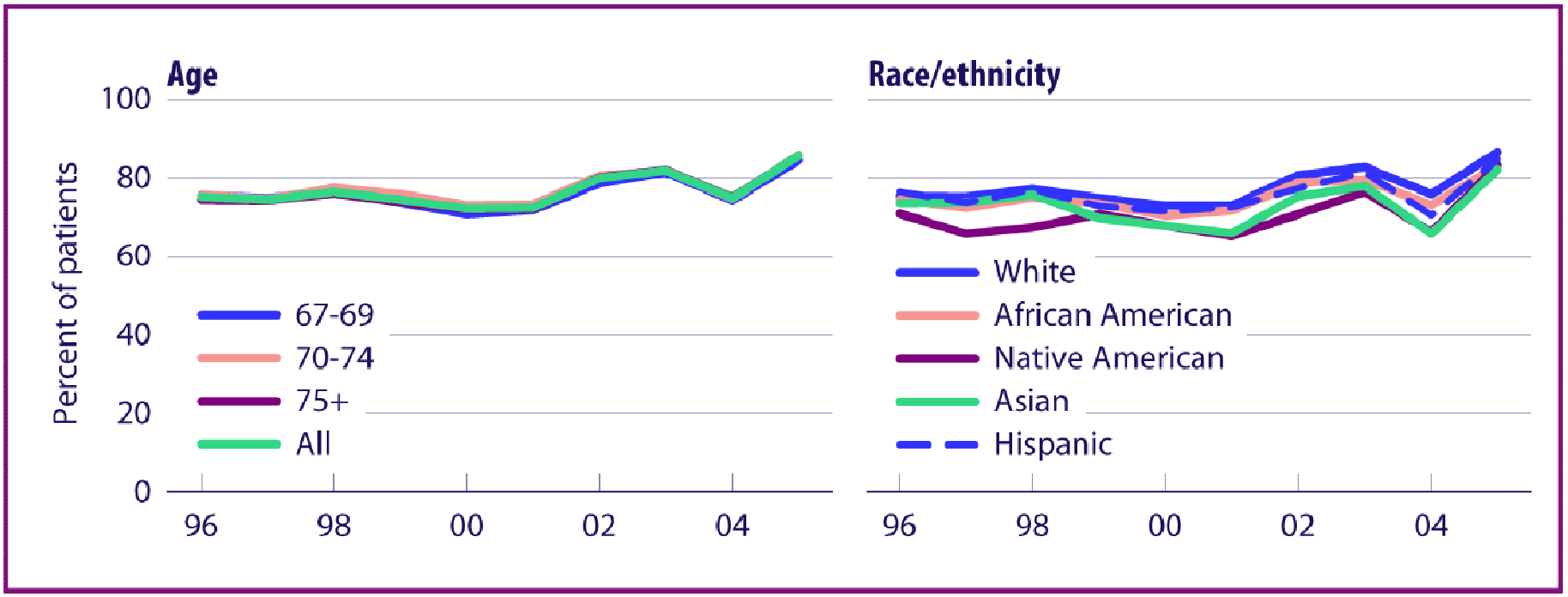
- Other than the US and Canada, every country in DOPPS (Europe, Japan, Aus, NZ) has a prevalent AVF rate >66%
- The NKF/KDOQI vascular access workgroup examined the evidence and supports this goal
- Facilities with more than 66% AVFs increased from 6.2% in 2007 to 12.7% in 2009
- 40.8% of facilities in one Network have done it

Fistula Myth #2
FF has caused catheters to increase



Fistula Myth #3

Poor AVF prevalence is due to patients not seeing a nephrologist prior to dialysis



Summary and Conclusions

- FFBI remains a strong resource for professionals in the pursuit of higher AVF prevalence
- The nephrologist is the key driver of the practices at the patient care level that will improve AVF prevalence
- Collaboration/partnerships will facilitate seamless patient movement through the CKD-dialysis continuum
- Hospital system policies are critical for identifying and referring CKD patients to nephrologists and developing patient-friendly protocols for AVF placement